

Application For Employment

Bradley's Towing & Recovery
1225 East Broadway Ave
Maryville, TN 37804
865-738-9005

Ephraim, Inc. is an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

Education

School Name	Location	Years Attended	Degree Received	Major

Employment History

Employer (1)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
Employer (2)	Job Title	Dates Employed	

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Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

References

Name	Title	Company	Phone

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	

Bradley's Towing & Recovery

www.bradleys-tow.com

1225 East Broadway Ave
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Office: 865-738-9005

Authorization for Motor Vehicle Records & Criminal Background Inquiry

Name:		
Address:		
City, State, Zip:		
DOB: ____/____/____	Social Security Number: ____-____-____	
Driver License Number:	State Issued:	Expiration:
Phone:	Email:	

I hereby give authorization to Ephraim, Inc to do a criminal background and motor vehicle records check on me and obtain any necessary information.

(Signature)

(Date)